

ED 177  
 REV. 12/18  
 C.G.S. 10-145  
 C.G.S. 10-145d  
 Regs. 10-145d-421, 422

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
 Bureau of Educator Standards and Certification  
 P.O. Box 150471  
 Hartford, CT 06115-0471  
[www.ct.gov/sde/cert](http://www.ct.gov/sde/cert)

## INSTRUCTIONS FOR FORM ED 177

### APPLICATION FOR FIRST ISSUANCE OF THE DURATIONAL SHORTAGE AREA PERMIT (DSAP)

A Durational Shortage Area Permit (DSAP) may be requested by the school or district if a position cannot be filled by an appropriately certified candidate. An application for issuance of a DSAP cannot be initiated by the applicant. The effective date of the DSAP may be the date the original ED 177 is received, provided all requirements for issuance have been met on or before this date. An ED 177 must be submitted prior to the first day of employment.

Please complete the appropriate section of the checklist below.

#### CANDIDATE

- a. Complete Parts I, II, and III of the application form (ED 177).
- b. Attach official transcripts showing the completion of at least 12 semester hours of credit in the subject for which the DSAP is requested. An official transcript showing the completion of a bachelor's degree must be included if the candidate has never held certification in Connecticut.

#### SCHOOL OR DISTRICT OFFICIAL

**The application form (ED 177) and supporting documentation must be submitted by the employing agent to the Bureau of Educator Standards and Certification. The "Evidence of Enrollment" form ED 177 (Attachment) may be submitted separately.**

- a. Complete Parts IV and V of the application form (ED 177).
- b. Complete the "Evidence of Enrollment" form ED 177 (Attachment) – Part A, if applicable. If this part is required, return the Attachment to the candidate for signature by the appropriate higher education official where the candidate is enrolling in a teacher preparation program or the Alternate Route to Certification program. The Attachment need not be completed if the candidate holds a valid Connecticut certificate and is completing course work under a DSAP to fulfill requirements for a cross endorsement (except for endorsements 102, 112 or 113), or if the candidate has at least 20 school months of successful appropriate\* teaching experience in an approved nonpublic school.

#### EDUCATOR PREPARATION PROVIDER

- a. Complete the "Evidence of Enrollment" form ED 177 (Attachment) – Part B and Part C, if applicable. The Attachment need not be completed if the candidate holds a valid Connecticut educator certificate and is completing course work under a DSAP to fulfill requirements for a cross endorsement (except for endorsements 102, 112 or 113), or if the candidate has at least 20 school months of successful appropriate\* teaching experience in the same approved nonpublic school.

\*The twenty months must be in the subject area or field for which the initial educator certificate will be sought (CT State Regulation 10-145d-412 (3)(A)).



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**APPLICATION FOR REISSUANCE OF THE DURATIONAL SHORTAGE AREA PERMIT (DSAP)**

A Durational Shortage Area Permit (DSAP) may be requested by the employing agent of a board of education if a position cannot be filled by an appropriately certified candidate. An application for issuance of a DSAP cannot be initiated by the applicant. The effective date of the DSAP will be the date the original ED 177 is received, provided all requirements for issuance have been met on or before this date. An ED 177 must be submitted prior to the first day of employment.

The following checklist outlines the sections of the form to be completed and documents which must be submitted by the employing agent in order for the Bureau of Educator Standards and Certification to determine eligibility for a DSAP.

**CANDIDATE**

- a. Complete Parts I, II, and III of the application form (ED 177).
- b. Attach official transcripts showing the completion of at least nine semester hours of credit during the validity period of the previous DSAP in the subject for which the DSAP is requested.

**SCHOOL OR DISTRICT OFFICIAL**

**The application form (ED 177) and supporting documentation must be submitted by the employing agent to the Bureau of Educator Standards and Certification. The Attachment may be submitted separately.**

- a. Complete Parts VI and VII of the application form (ED 177).
- b. Complete the “Evidence of Enrollment” form ED 177 (Attachment) – Part A, if applicable. If this part is required, return the Attachment to the candidate for signature by the appropriate higher education official where the candidate is enrolling in a teacher preparation program or the Alternate Route to Certification program. The Attachment need not be completed if the candidate holds a valid Connecticut certificate and is completing course work under a DSAP to fulfill requirements for a cross endorsement (except for endorsements 102, 112 or 113), or if the candidate has at least 20 school months of successful appropriate\* teaching experience in an approved nonpublic school.

**EDUCATOR PREPARATION PROVIDER**

- a. Complete the “Evidence of Enrollment” form ED 177 (Attachment) – Part B and Part C, if applicable. The Attachment need not be completed if the candidate holds a valid Connecticut educator certificate and is completing course work under a DSAP to fulfill requirements for a cross endorsement (except for endorsements 102, 112 or 113), or if the candidate has at least 20 school months of successful appropriate\* teaching experience in the same approved nonpublic school.

\*The twenty months must be in the subject area or field for which the initial educator certificate will be sought (CT State Regulation 10-145d-412 (3)(A)).



ED 177

## CONNECTICUT ENDORSEMENT CODES

**Teaching Endorsements**

010	Business, 7–12	072	School Nurse-Teacher
015	English, 7–12	073	School Dental Hygienist-Teacher
018	French, 7–12	089	Marketing Education, 7–12
019	German, 7–12	101	World Language Instructor, Elementary
020	Italian, 7–12	102	Remedial Reading & Remedial Language Arts, 1–12
021	Latin, 7–12	104	Cooperative Work Education/Diversified Occupations
022	Russian, 7–12	110	Unique Subject Area
023	Spanish, 7–12	111	Teaching English to Speakers of Other Languages (TESOL), PK–12
024	Other World Language, 7–12	112	Integrated Early Childhood/Special Ed., Birth – Kindergarten
026	History & Social Studies, 7–12	113	Integrated Early Childhood/Special Ed., Nursery -K–Elem. 1–3
029	Mathematics, 7–12	165	Comprehensive Special Education, K–12
030	Biology, 7–12	215	English, Middle School
031	Chemistry, 7–12	226	History & Social Studies, Middle School
032	Physics, 7–12	229	Mathematics, Middle School
033	Earth Science, 7–12	230	Biology, Middle School
034	General Science, 7–12	231	Chemistry, Middle School
035	Driver Education	232	Physics, Middle School
040	Agriculture, Pre-K–12	233	Earth Science, Middle School
041	Vocational Agriculture, 7–12	234	General Science, Middle School
042	Art, PK–12	235	Integrated Science, Middle School
043	Health, P–12	305	Elementary, 1 – 6
044	Physical Education, PK–12	317	Portuguese, 7–12
045	Home Economics, PK–12	318	Mandarin Chinese, 7–12
047	Technology Education, PK–12	483	Dance, Pre-K–12
049	Music, PK–12	485	Theatre and Drama, Pre-K–12
055	Partially Sighted, PK–12	511	Montesori, Elementary, 1–6
057	Deaf and Hard of Hearing, PK–12	512	Montesori, Primary, Birth to Kindergarten
059	Blind, PK–12	826	Vocational Department Head: Trade Technology
062	School Library Media Specialist		

**Administrative Endorsements**

085	School Business Administrator
092	Intermediate Administration or Supervision
093	Superintendent of Schools
097	Reading and Language Arts Consultant
105	Department Chairperson

**Adult Education Endorsements**

088	Non-English Speaking Adults
106	High School Credit Diploma Program
107	External Diploma Program/Noncredit Mandated Programs

**Special Services Endorsements**

061	Speech and Language Pathologist
068	School Counselor
070	School Psychologist
071	School Social Worker
268	School Marriage and Family Therapist

**Vocational Endorsements**

082	Vocational Technical Administrator
090	Occupational Subject, Vocational Technical Schools
091	Trade-Related Subjects, Vocational Technical Schools
098	Trade & Industrial Occupations – Comprehensive High School
103	Health Occupations – Comprehensive High School
108	Practical Nurse Education Instruction

**NOTE: Bilingual codes are not provided. Check appropriate box on application to request a bilingual endorsement.**





APPLICATION FOR DURATIONAL SHORTAGE AREA PERMIT (DSAP)

PART I: PERSONAL INFORMATION (Print all information in blue ink and in uppercase letters.)

Last name grid

LAST NAME

First name grid

FIRST NAME

MI input box

MI

Gender input box

GENDER

Social Security Number grid

SOCIAL SECURITY NUMBER

Birth Date grid

BIRTH DATE (Month-Day-Year) - Required

Address grid

ADDRESS (Street ONLY, no P.O. Box)

Apt. # grid

APT. #

City grid

CITY

State grid

(State)

Zip code grid

ZIP CODE

FORMER LAST NAME(S)

Home/Cell phone grid

PHONE

(Home/Cell)

Work phone grid

(Work)

Race/Ethnicity

- 1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

Race input box

(Optional)

E-MAIL ADDRESS

- 1. Have you ever been convicted of any crime, excluding minor traffic violations?
2. Have you been dismissed for cause from any position?
3. Have you ever surrendered a professional certificate, license, permit or other credential...

Pursuant to Connecticut General Statutes Section 10-221d, the State Board of Education must submit, periodically, a database of applicants for an initial issuance of a certificate, authorization or permit to the State Police Bureau of Investigation for a criminal history record check.

NOTE: If you answer "YES" to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately.



**PART II: EDUCATIONAL BACKGROUND**

List the names of the colleges or universities attended:

Name of Institution	State/Country	Dates Attended		Major Field of Study	Degree Awarded
		From	To		

**PART III: CANDIDATE ATTESTATION**

I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s).

SIGNATURE OF CANDIDATE:  DATE:

**PART IV:**

**SCHOOL OR DISTRICT REQUEST FOR FIRST ISSUANCE OF THE DSAP**

1. No certified candidate suitable for the position is available to serve in the subject(s) requested. I hereby request issuance of a DSAP for the applicant to serve as:

Specific Subject or Field to be Taught      Grade Level      Endorsement Required for Position  
(see endorsement code list)

Check box if bilingual endorsement is sought in above subject.  
Indicate language of the bilingual endorsement \_\_\_\_\_

2. List the steps that have been taken to secure a suitable certified person, including dates and specific locations of newspaper, media, vacancy notices, university postings, Internet job positions, teacher agency listings, etc. Please note that advertisements must be within 6 months.

- 
- a. Total number of candidates who applied for this position:
  - b. Number of candidates who hold appropriate Connecticut certification:
  - c. Number of candidates interviewed for this position:
  - d. Reason(s) why certified candidates, if any, were not hired. Include any circumstances and conditions which make this position difficult to fill: \_\_\_\_\_
- 

3. Indicate why a DSAP is requested for this particular uncertified applicant. \_\_\_\_\_

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**PART V: ATTESTATION AND SIGNATURE OF EMPLOYING AGENT**

**The candidate named on this application:**

- Has been or will be entered into the Connecticut State Department of Education (CSDE) electronic staff file Educator Data System (EDS), with an assignment code appropriate to the endorsement sought under the DSAP.
- Will be given special attention in the form of supervision and other assistance, as appropriate.

\_\_\_\_\_  
 Signature of Superintendent, Executive Director or Designee  
 attesting to accuracy of information  
**(Original Signature: No Signature Stamps Accepted)**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Typed or Printed Name of Person Signing Above

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 School or District

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 City                                      State    Zip Code

\_\_\_\_\_  
 E-mail Address – School or District Contact  
 Person

\_\_\_\_\_  
 Fax





**PART VI:**

**SCHOOL OR DISTRICT REQUEST FOR REISSUANCE OF THE DSAP**

1. I hereby request reissuance of a DSAP for the applicant to serve as:

Specific Subject or Field to be Taught      Grade Level      Endorsement Required for Position  
(see endorsement code list)

Check box if bilingual endorsement is sought in above subject.  
 Indicate language of the bilingual endorsement

**PART VII: ATTESTATION AND SIGNATURE OF SCHOOL OR DISTRICT**

**The candidate named on this application:**

- Has completed a minimum of nine semester hours of credit in the subject or field requested during the validity period of the previous DSAP.
- Has or will be entered into the CSDE Educator Data System (EDS), with an assignment code appropriate to the endorsement sought under the DSAP.
- Has successfully served under the previously issued DSAP.
- Will be given special attention in the form of supervision and other assistance, as appropriate.
- An ED 177 Attachment is being submitted, if enrollment in a program is required for the endorsement.

Signature of Superintendent, Executive Director or Designee  
 attesting to accuracy of information  
**(Original Signature: No Signature Stamps Accepted)**

Date

Typed or Printed Name of Person Signing Above

Title

School or District

Telephone

City      State      Zip Code

E-mail Address – School or District Contact Person

Fax





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**EVIDENCE OF ENROLLMENT IN A CONNECTICUT APPROVED EDUCATOR PREPARATION PROGRAM OR A CONNECTICUT APPROVED ALTERNATE ROUTE TO CERTIFICATION (ARC) PROGRAM**

**NOTE:** This ED 177 Attachment need not be completed if the candidate holds a valid Connecticut teaching certificate and is completing course work toward a cross endorsement (except for endorsements 102, 112, or 113).

**PART A: Verification of Employment (this part must be completed by the employing agent)**

_____	_____	_____	_____
Candidate's Last Name	First Name	MI	Social Security Number
_____	_____	_____	_____
Position/Subject or Field	Grade Level	Endorsement Required for Position (see endorsement code list)	
<input type="checkbox"/> Check box if bilingual endorsement is sought in above subject. Indicate language for the bilingual endorsement _____			

The candidate named above is being considered for a position which requires the completion of course work under a Durational Shortage Area Permit (DSAP).

_____	_____
Signature of Superintendent, Executive Director or Designee (Original Signature: No Signature Stamp Accepted)	Date
_____	_____
Typed or Printed Name of Person Signing Above	Title
_____	_____
School or District	Telephone
_____	_____
City State Zip Code	E-mail Address – School or District Contact Person



**ED 177 – Attachment (continued)**

**PART B: Evidence of Enrollment or Application to an Approved Planned Educator Preparation Program**

**Evidence of Enrollment for Admission to an Approved Planned Educator Preparation Program**

The above-named candidate is currently enrolled in or has applied and been accepted for admission to a approved planned program leading toward the institution's recommendation for certification in:

\_\_\_\_\_ Grade Level \_\_\_\_\_ Date of Enrollment **or** Date of Acceptance into the Program

Total number of semester hours of credit required to complete this certification program:

Number of semester hours of credit the candidate has already completed:

**PART C: Attestation and Signature of the Certification Officer or the Academic Director of the Alternate Route to Certification (ARC) Program**

\_\_\_\_\_ Date  
Signature of Certification Officer or Academic Director of the ARC Program

\_\_\_\_\_ Title  
Typed or Printed Name of Person Signing Above

\_\_\_\_\_ Telephone  
Educator Preparation Provider (College, University, ARC)

\_\_\_\_\_ E-mail Address  
City State Zip Code

**Mail Completed Form To:**

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
Bureau of Educator Standards and Certification  
P.O. Box 150471  
Hartford, CT 06115-0471

*Information on this application is subject to disclosure pursuant to the Freedom of Information Act.*